

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

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	SERIAL NO.	- 1	FILING DATE	
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-	APPLICANT(S)			

(FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER
2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. ŧ t

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ŀ	TOTAL CLAIMS		9.00.1		237			
L	CLAIMS		CARTILLAN		Section Control		CONTRACTOR OF THE PERSON OF TH	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM PTO-1360 (REV. 3-78)

TOTAL DEP.